

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doce	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

K PACE

MAR 0 6 2020



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02/12/20--01009--018 **150.00

SEGRETISK LYSTAT



March 2, 2020

PAUL STARK 1564 SPRING MEADOWS DR HOLLAND, OH 43528

SUBJECT: PMS INVESTMENTS LLC

Ref. Number: W20000022718

We have received your document for PMS INVESTMENTS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

2020 HAR -5 PM 2

Letter Number: 820A00004529

COVER LETTER

	w Filing Seision of C	ection orporations			
SUBJECT	· PM	S INVESTMENTS L	LC.		
SCEVEC.	•		ulting Florida Limi	ed Com	pany)
					I fees are submitted to convert an "Other cordance with s. 605,1045, F.S.
Please retu	m all corre	espondence concerning	g this matter to:		
PAUL S	TARK				
	······································	(Contact Person)		-	
PMS if	NVESTM	ENTS LLC			
		(Firm/Company)		-	
1564 SF	PRING M	EADOWS DR			
		(Address)		-	
HOLL	AND. OH	IO 43528		_	
	((City, State and Zip Code)		_	
paulm	ichaelst	ark@gmail.com		_	
E-mail A	ddress: (to b	e used for future annual rep	port notifications)		
For further	informati	on concerning this mat	tter, please call:		
Paul S	tark		at (239) 24	5-9023
(Na	me of Conta	ict Person)		(Dayı	time Telephone Number)
		or the following amou a bank located in the l		rocess	ed by this office must be payable in US
\$150.00 F (\$25 for Con & \$125 for A of Organizati	version articles	☐\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		\$185,00 Filing Fees, Certified Copy, and Certificate of Status
Nev Div	iling Add w Filing Solision of C O Box 632	ection forporations		New F Divisi	Address: Filing Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion For "Other Business Entity" Into

11110

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605,1045, Florida Statutes.

	(Enter Name o	of Other Business I	Entity)				
	less Entity" is a LIMN ity type. Example: corpora				law or busine	ess trust, etc	z.)
First organized, form	ned or incorporated und	er the laws of _ (Ent	OHIO ter state, or if a non-U	J.S. entity, the na	ame of the co	ountry)	
on 6/18/2001							
	, formation or incorporation	 n)					
3. The name of the	Florida Limited Liabilit	y Company as	set forth in the at	tached Article	es of Orga	ınization:	:
PMS INVEST	MENTS LLC						
	(Enter Name of Florida	Limited Liability	Company)	· · · · · · ·			
(The effective date: the date this docum Note: If the date inserte	the date of filing, ente Cannot be prior to datent is filed by the Flor d in this block does not mee e on the Department of State	ite of receipt or rida Departme t the applicable sta	r filed date nor i nt of State.)	more than 90			r
	rsion has been approve		with all applicat	ole statutes.			
	Other Business Entity" ers are entitled under ss.				rights the	amount to	l
					SECRE E	2020 MAR	ור

Signed this 5th	day of May	_20 <u>~~</u>
Signature of Autho	rized Representative of Limi	led Liability Company:
	zed Representative:	all Start
Signature of Authori	zed Representative: //(Le	al meters
Printed Name: Paul Sta	rk V	Title: managing member
Signature(s) on beha	~	See below for required signature(s)]
Printed Name: Paul Sta	ırk	Title: managing member
Signature:		
Printed Name:		Title:
Signature:		· · · · · · · · · · · · · · · · · · ·
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Cionatur		
Drintal Mamas		Title:
rimed Name.		rate
Signature:		
Printed Name:		Title:
If Florida Corporati	on:	
	n, Vice Chairman, Director, or	Officer.
	rs have not been selected, an In-	
		3
If Florida General P	artnership or Limited Liabili	ty Partnership:
Signature of one Gen		
•		
If Florida Limited P	artnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL G	eneral Partners.	
All others:		
Signature of an autho	rized person.	
ı -		
Fees:		
Vanitation and Co		\$25.00
Articles of C		\$25.00
rees for Flor	ida Articles of Organization:	\$125.00

Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional) 20 MAR -5 PM 10: 21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the I	ime: Limited Liability Compan	y is:		
PMS INVE	ESTMENTS LLC			
(N	Aust contain the words "Limited Li	iability Company, "L.	L.C.," or "LLC.")	
ARTICLE II - A	.ddress:			
	ess and street address of th	ne principal offic	e of the Limited	Liability Company is:
Principal Office	Address:	Mailing A	Address:	
PAUL STARK		sai	me	
14799 Soaring	•		•	
Fort Myers, FI	orida 33912			
(The Limited Liability business entity with a	Registered Agent, Regist Company cannot serve as its own I n active Florida registration.)	Registered Agent. Yo	u must designate an inc	
The name and the	Florida street address of	the registered ag	gent are:	
	Paul Stark			
	N	Varne		
	14799 Soaring E	agle Ct		
	Florida street address ((P.O. Box NOT	acceptable)	
	Fort Myers	FL	33912	
	City		Zip	
liability com registered agen statutes relati	amed as registered agent a pany at the place designat t and agree to act in this co ng to the proper and comp bligations of my position a	ed in this certific apacity. I further lete performance	ate, I hereby acce r agree to comply r of my duties, and	pt the appointment as with the provisions of all I am familiar with and

A	D1	re.	\sim	r 1	IV.
	T			 · I	· ·

The name and address of each person authorized to manage and control the Limited Liability Company:

Paul Stark 14799 Soaring Eagle Ct Fort Myers, Florida 33912 AMBR G. Susan Stark 14799 Soaring Eagle Ct Fort Myers, Florida, Ohio 33912 (Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE Signature of a member or an authorized representative of a member This document is executed in accordance with section 605 0203 (1) (b), Florida Statutes, I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s 817.155, F.S. Typed or printed name of signee Filing Fees S125.00 Filing Fee for Articles of Organization and Designation of Registered A	Title: "AMBR" = Authorized Member	Name and Address:
AMBR G. Susan Stark 14799 Soaring Eagle Ct Fort Myers, Florida, Ohio 33912 (Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s \$17,155, F.S. Typed or printed name of signee Filing Fees S125.00 Filing Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Options)	"MGR" = Manager	
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	Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s 817.155, F.S.	with section 605,0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony or printed name of signee
	Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s 817.155, F.S. Typ. \$125.00 Filing Fee for Articles of	with section 605,0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony of printed name of signee Filing Fees Gorganization and Designation of Registered Age
···	Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s 817.155, F.S. Typ. \$125.00 Filing Fee for Articles of	with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felon bed or printed name of signee Filing Fees f Organization and Designation of Registered Agail) \$ 5.00 Certificate of Status (Optional)